UTAH COUNTY HEALTH DEPARTMENT VEHICLE EMISSIONS INSPECTION/MAINTENANCE PROGRAM 3255 North Main Street

Spanish Fork UT 84660 Phone:(801)851-7600 Fax: (801)851-7619

APPLICATION FOR CERTIFIED EMISSIONS MECHANIC PERMIT

NAME:	HOME PHONE:
ADDRESS:	
CITY:	STATE:ZIP CODE:
BUSINESS NAME:	BUSINESS PHONE:
BUSINESS ADDRESS:	
CITY:	STATE:ZIP CODE:
BUSINESS NAME OF LAST EM	PLOYMENT:
vehicle is inspected for emissions and that all paperwork is completed corr standard, I will inform the owner ar adjustments at regular charges with soliciting such business, conduct the and reliable reference information; issurequirements of the law; and immediat comply with all aspects of the I/M Pro-	h all I/M Program Regulations and policies to ensure that each tampering according to the required testing procedures. Ensuredly, Furthermore, if the vehicle fails to meet the emission of obtain authorization before making any required repairs on the guidelines of the I/M Program; use no unfair means resting/repairs/adjustments in accordance with the most receive Certificates of Compliance only after the vehicle meets all the lay notify the Utah County Health Department whenever I cannot gram. Colation of this application agreement or any of the Regulation is Inspection/Maintenance Program, or other official policies are Department may result in the suspension, revocation, or no
Signature:	Date:
ACCESS CODE	(5 digits)
★ Fee Amount: Date	Paid: Received By:
Date Passing Written Exam	: Test Score:
Date Passing Practical E.	xam:
★ New Mechanic Fee: \$25	00 *Mechanic Transfer Fee: \$25.0
*Annual Renewal Fee: \$15	00 *Expired Renewal Fee: \$30.0